				Complete if Known		
Substitute for form 1449/PTO				Application Number	042933/373918	
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				First Named Inventor	Salmenkaita, et al.	
INFORMATION DISCLOSURE			SURE	Group Art Unit	2617	
STATEMENT BY APPLICANT (Use as many sheets as necessary)		Examiner Name				
				Attorney Docket		
Sheet	1	of	1	Number	042933/373918	

	U. S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	<u>Document Number</u> Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear		
/F.C./	AA	US-7,336,956	02/26/2008	Halonen, et al.			

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Examiner Initials	Cite No.	Foreign Patent Document Country Code - Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	English Language Translatior Attached

OTHER DOCUMENTS				
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached	

Examiner	/Frad Casaa/	Date	10/07/2009
Signature	/Fred Casca/	Considered	10/07/2003

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